## THIS FORM MUST BE COMPLETED

## SCHEDULE OF INTENT AFFIDAVIT COMMUNITY SMALL BUSINESS ENTEPRISE PROGRAM

Nan	ne of Prime Contractor Firm			Contact Person		
Add	ress			Phone Fax		
Project Name				Project Number		
CSBE Contract Measure						
This form must be completed by the Prime Contractor and the CSBE Subcontractor that will be utilized for scopes of work on the project. Bidders must include this form in a separate envelope at the time of bid submission.						
en viole we the vine of our analysis.						
			Certification		Prime	
	Name of Prime Contractor	Certification No. (if applicable)	Expiration Date (if applicable)	Type of CSBE work to be performed by Prime Contractor	Contractor % of Bid	
	Name of 11 mile Contractor	(п аррпсавіе)	(п аррисавіе)	Type of CSDE work to be performed by I time Contractor	76 OI DIU	
	Prime Contractor Total Percentage:					
The undersigned intends to perform the following work in						
connection with the above contract:						
	Name of Subcontractor	Certification No.	Certification Expiration Date	Type of CSBE work to be performed by Subcontractor	Subcontractor % of Bid	
	Name of Subcontractor	Certification No.	Expiration Date	Type of CSDE work to be performed by Subcontractor	76 Of Diu	
Subcontractor Total Percentage:			Total Percentage:			
I certify that the representations contained in this form are to the best of my knowledge true and accurate.						
1 cer	try that the representations containe	d in this form are to th	e best of my knowled	uge ii ue anu accurate.		
D' C' A				D: D: (T)		
Prime Signature Prime Print Name		Print Name	Prime Print Title Date			
The undersigned has reasonably uncommitted capacity sufficient to provide the required goods or services, all licenses and permits necessary to provide such goods or services, ability to						
obtain bonding that is reasonably required to provide such goods or services consistent with normal industry practice, and the ability to otherwise meet the bid specifications.						
	Subcontractor Signature Subcontractor Print Name		actor Print Name	Subcontractor Print Title Date		
Check this box if this project is a set-aside and you are performing 100% of the work with your own work forces.						
Check this box if a Form DBD 305A and Form DBD 305B have been submitted in your pricing envelope.  DBD 40					(Revised 07/05)	
	DDD 400 (Revised 07/00					